

CLAIMS ONLY							Application Number 10/500296		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		2					58					
9		2					59					
10	1						60					
11		1					61					
12		1					62					
13		2					63					
14	1						64					
15		1					65					
16		2					66					
17		2					67					
18		1					68					
19		1					69					
20	1						70					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	20						Total Depend					
Total Claims	25						Total Claims					